

KAY CULBERTSON, EXECUTIVE DIRECTOR
DENVER INDIAN HEALTH AND FAMILY SERVICES
TESTIMONY ON
URBAN INDIAN HEALTH CARE PROGRAMS
BEFORE THE SENATE COMMITTEE ON INDIAN AFFAIRS

Good Morning Chairman Inouye, Vice Chairman Campbell and other distinguished committee members. My name is Kay Culbertson, I am an enrolled member of the Fort Peck Assiniboine/Sioux Tribes located in Poplar, Montana. I serve on the board of directors for the National Council of Urban Indian Health and I am the Executive Director for Denver Indian Health and Family Services (DIHFS) located in Denver, Colorado. On behalf of the Denver Indian Community, I would like to thank you for the opportunity to provide testimony regarding health issues of Indians who reside off reservation and the Urban Indian Programs that serve them. There are currently 34 urban Indian health programs located throughout the United States, with each program offering a variety of medical service through many creative and innovative delivery types. Today, my focus will be on Denver Indian Health and Family Services

In the past, Denver attracted Indian people for a variety of reasons. Denver was one of the original sites for relocation of Indian people from their home reservations. A

segment of Denver's Indian population is a result of Indian men and women who settled here after serving in the armed forces. Another segment came to Denver because there was a Bureau of Indian Affairs office located in the area. Many Indian people moved from the reservation to the Denver area with the hope of attaining the "American Dream". And today, Denver continues to be a hub for Indian people. Denver's Indian population is estimated at 25,000 and is comprised of people who have lived in Denver for over 30 years producing 2nd and are 3rd generation Denver natives as well as those who are transient and move to and from the reservation on a regular basis. The universal reason for moving continues to be "Hope for a better future".

Although Denver is centrally located within "Indian Country" and many national Indian organizations are headquartered in Denver, it is isolated from tribal health and Indian Health Service services, the closest Indian health facility in Colorado is located on the Southern Ute reservation, an eight hour drive. The nearest Indian Health Service Hospitals are in Rapid City, South Dakota and Albuquerque, New Mexico. Unlike other urban health programs we do not have the ability to utilize other Indian health facilities to meet the gaps in services.

Denver Indian Health and Family Services was created as the result of a needs assessment conducted by the Denver Native Americans United. Denver Indian Health and Family Services was incorporated in 1978, as a non-profit Indian organization and received funding from the Indian Health Service to provide outreach and referral services to the Indian community. With a staff of two people, the agency gathered and provided information to Indian people in accessing health care in the Denver metropolitan area. Eventually, DIHFS began to provide limited health care through volunteer nurses and

doctors and grew into a full scale clinic entering into an agreement with Denver Health and Human Services. The number of uninsured and the inability to charge American Indian patients placed a much larger financial burden on the organization and clinic services were discontinued in 1991. Unfortunately, the health care needs of the community exceeded the funding limits of the agency. In 1996, DIHFS entered into an agreement with a local community clinic to provide services at a limited cost; however, the agency could only allow two visits per year and the patients were responsible for their own laboratory and x-ray costs. This arrangement made it difficult to provide health care to persons with chronic medical problems such as diabetes. The community voiced the need for additional health care. Not just any health care but health care that was culturally sensitive and available through an Indian organization or provider.

At a 1998 strategic planning retreat the DIHFS board of directors planted the seeds to begin the process of providing medical services to the Indian community on site. The board of directors stressed the importance of taking slow steps to providing health care. The board of directors insisted that the services be provided by DIHFS, that patients would receive more health education, that the delivery of services be provided in a manner that was comfortable to Indian patients, that the financial pitfalls of the past be avoided and that we maintain our identity as an Indian provider and an Indian clinic. In March of 1999, a young Indian physician, Dr. Lori Kobrine, took on the task of laying the foundation for our clinic. Through her efforts our clinic met the requirements for state licensure. She worked 20 hours a week providing limited medical services to the community. Now our clinic continues to grow. Since May 2000 our clinic has been staffed with a full time nurse practitioner and a volunteer physician who provide medical

services on a full time basis to the community. The medical services include immunizations, acute emergencies, well child physicals, physicals, women's basic health, diabetes management and screening and other health services that do not require a specialist or that are not life threatening. DIHFS also provides mental health and substance abuse counseling, substance abuse prevention, case management services for victims of crime, energy assistance, diabetes case management, prescription assistance, emergency dental, and referrals to meet other community health needs.

COMMUNITY PROFILE

The catchment area for DIHFS includes Adams, Arapahoe, Boulder, Denver, Douglas, Jefferson, and Gilpin counties. However, we also serve people who travel from as far as Pueblo and Aspen. There is also an increase in services during peak months of March, June, July, and August for persons who are visiting during the annual March Powwow or who are staying with relatives over the summer. DIHFS is located in southwest Denver near the old Fort Logan facility. Although located outside of central Denver, DIHFS is conveniently located near the Denver Indian Center and Denver Indian Family Resource Center, making referrals to other Indian organizations and coordination of case services much easier for Indian clients.

The Denver Indian community is fairly young population with the median age of 30.2 as compared to 34.5 for all other races. The majority of DIHFS clientele are single parent heads of household. The average income reported by DIHFS patients is \$621 per month or \$7452 per year. Seventy-three percent of DIHFS patients do not have health insurance.

DIHFS SERVICES

The Medical Clinic provides on site services through a family nurse practitioner. Appointments are scheduled for an hour at time to allow for intense patient education regarding their presenting problem. The most common diseases treated in the clinic are diabetes, hypertension and dental pain. Wellness screening services include women's health, family planning, men's health, well child checks and education.

The Community Health Program is the most often utilized program is the agency. DIHFS assists with prescriptions purchases, energy bills, adult emergency dental through a contract dentist, referrals for denture purchases, transportation, tribal enrollment for patients, optical exams and glasses and many other health related problems. Education regarding the importance of health insurance (private or public) is stressed in the Community Health Program . We currently have a Denver Health Authority navigator stationed at our office to assist Indian people with access the Denver Health system and walk clients through the enrollment procedure for the State Child Health Plan and Medicaid.

Our Diabetes Program is staffed by a Certified Diabetes Educator and has focused on bringing traditional foods back into our diets. The focus has been on the Plains Indian diet with additional research on Southwest Indian traditional diet. Diabetic patients are provided with free glucometers and strips to encourage regular checking of glucose levels. The project also assists diabetic patients with special eye exams, podiatry checks, shoe inserts, shoes, glasses and medications.

Behavioral Health services include mental health and substance abuse counseling and youth substance abuse prevention support in area schools. The program assists with

antabuse physicals and medication, psychological evaluations and court support. The outpatient and women's counseling program are the only American Indian programs in the Denver area that are licensed through the Colorado Department of Health, Alcohol and Drug Abuse Division.

Victims of Crime Act funds a small case management project for Indian victims of crime. The Bureau of Justice Statistics released a report in February of 1999 detailing the rates of victimization for Indian people. The study found that American Indians were victims of violence at twice the rate of the US population, that rates of violence are higher than any other group in every age group, and that alcohol was more often involved in crimes against American Indian persons at double the rate of any other race. These are sobering statistics.

CHALLENGES

As you can see DIHFS has accomplished a great deal with the limited amount of funding that is received and the limitations of our community. We have learned to build relationships with other programs and meet some but not all of the gaps in service delivery to American Indian people living in the Denver area.

In providing services we have encountered barriers that tribes may not face. If we accept Medicaid, become a National Health Service Corp provider, Federally Qualified Health Center or a 330 Community Health Center our services must be open to all people. This places a strain on our identity as an Indian clinic.

Seventy-three percent of the patients seen in our clinic do not have insurance because they are underemployed, have recently moved to the area, the employer does not provide health benefits or they do not qualify for any other health benefits. Often Indian

people who come to an urban area have a misconception that urban Indian health programs are virtually the same as the Indian Health Service or tribal health programs on the reservation and may not elect to sign up for health care benefits. Indian people assume that IHS is everywhere. DIHFS does not currently have an affiliation with a health maintenance organization (HMO) because we have neither 24 hour coverage nor hospital admission privileges. These issues also do not allow us to generate third party billing from Medicaid because the State of Colorado contracts with HMO's to provide services to the Medicaid beneficiaries. The patients who have health insurance do not utilize their providers due to the expense of co-pay amounts or deductibles, they enjoy receiving services at the Indian clinic or wait times for visits are not as long.

Indian Health Service is severely under funded as a whole, but urban Indian programs receive the least amount of funding. If urban programs were funded at the same amount and provided the core services of a tribal or IHS facilities, American Indians living off reservation would have access to comprehensive health care.

Dental services are limited. DIHFS is limited to 10 emergency dental appointments a month. The dental waiting list is months long. Affordable dental care is difficult to find, even for persons with private or public insurance. Very few dentists accept Medicaid patients. Only one urban program has received funding from the Indian Health Service for dental services.

Hiring and retaining quality professionals has been difficult. DIHFS has an operating budget of \$430,000. The medical field is highly competitive in the Denver area and we are not always able to compete with other health facilities for staff. DIHFS does have the opportunity to provide IHS scholarship recipients with payback opportunities

and although there has been much interest to work in Denver, we are not able to provide them with a salary and benefit package that is commensurate with tribal and IHS staff positions of the same level.

RECOMMENDATIONS

Denver Indian Health and Family Services supports S. 212 a bill to amend the Indian Health Care Improvement Act. We strongly support inclusion of urban Indian health programs in Title IV, Access to Health Care.

Denver Indian Health and Family Services also supports S.214 a bill to elevate the position of Director of Indian Health Service to the Assistant Secretary for Indian Health. Through the leadership of Dr. Michael Trujillo and his concept of “Speaking with One Voice” there has been an increase in support from both tribal leaders and Indian Health Service professionals to address the needs of tribal members who live off reservation. The elevation of the Director to Assistant Secretary will benefit both tribes and urban programs in their ability to access other Department of Health and Human Service programs as well as to bring to the forefront the severe disparities in health for Indian people as a whole.

Denver Indian Health and Family Services also supports S.535 a bill to amend the Social Security Act to clarify that Indian women with breast or cervical cancer who are eligible for health services provided under a medical care program of the Indian Health Services or a tribal organization are included in the eligibility category of breast or cervical cancer patients added by the Breast and Cervical Cancer Prevention and Treatment Act of 2000. We recommend that urban Indian health programs also be included in the eligibility category. During my testimony to the Senate Committee on

Indian Affairs in March of 2000 regarding the Indian Health Care Improvement Act, I relayed a story of a woman with breast cancer who did not have insurance and had no way of receiving services. Her only option was to return to the reservation and hope that Indian Health Service would extend coverage to her. We may be able to avoid these scenarios if urban Indian health programs are included in S. 535.

Denver Indian Health and Family Services also strongly recommends that the feasibility of additional demonstration projects such as those located in Tulsa and Oklahoma City be funded. We recommend that one site be funded in an area that is isolated from other IHS or tribal facilities. It is recommended that the project include provisions for comprehensive medical, dental , and hospital services.

Once again, thank you for the opportunity to testify on behalf Denver Indian Health and Family Services. I would like to close my testimony with the following story:

My son is active with the local Native Lacrosse Program. There are approximately 25 Indian families who regularly participate in this most worthwhile sport. The program not only promotes exercise and culture but also serves as an informal social support system for parents while the youth practice. I was writing my testimony for today when a young mother named “Laura” inquired about my work. I told her that I was working on addressing urban Indian health issues to the Senate Committee on Indian Affairs. She became very excited and went into great length about the need for more comprehensive health care for Indian people in Denver. She told me of the birth of her twin children and how her diabetes had caused complications in the pregnancy. The young family did not have health insurance because of layoffs and they were not eligible for other services. She was told by her family to go home to Oklahoma and have her

twins at the Indian hospital but she chose to stay because they could not afford to travel back home. She gave birth to her children at an area hospital. The twins were kept in the Intensive Care for an extended amount of time. After the twins were released from the hospital the family was presented with a \$45,000 hospital bill- a bill that they would never be able to satisfy. The family had to file for bankruptcy and today continues to suffer from the effects of that action. "Laura" asked me why she was not allowed to have the same medical care as her brothers and sisters who live on the on the reservation, why was there not an IHS facility for people in Denver? She asked that I tell you this story today. I hope that in the near future I will be able to tell Laura that you heard her questions and provided the Denver Indian community with additional health care resources.